

MODULE 8: PREPARING THE PARAPROFESSIONAL FOR A DISASTER

This module is dedicated specifically to mental health paraprofessionals. A paraprofessional is defined as an individual who helps alleviate the pain and distress of groups and individuals affected by a crisis or disaster. Typically, paraprofessionals are members of the affected community. Paraprofessionals are trained to serve as crisis counselors but are usually not academically trained human service professionals (e.g., social workers, professional counselors, psychologists, psychiatrists).

Paraprofessionals play an important and unique role during a response to a terrorist event. Some of the strengths that paraprofessionals bring to a counseling team include:

- Passion about helping people in need
- Connections to the community and specific groups, which can be essential during outreach activities
- Awareness of community resources
- Flexibility in the types of services they can provide

These qualities are critical to an effective disaster mental health response to terrorism and complement the skills and abilities of other disaster mental health workers. This module focuses on providing paraprofessionals with what they need to know in order to help disaster victims while maintaining their own emotional and physical health. In addition to reviewing this module, paraprofessionals are encouraged to read modules 1, 2, 4, 5, and 6 for more in-depth information.

After completing this module, paraprofessionals will be able to:

- Understand their role and boundaries as paraprofessionals
- Identify reactions to terrorism
- Understand basic immediate interventions for victims of terrorism
- Communicate effectively with victims
- Understand the importance of continual training
- Practice self-care

Role of the Paraprofessional

What can a paraprofessional do during and after a terrorist event? A paraprofessional can provide a range of practical services, as well as basic psychological support. Paraprofessionals are generally called outreach workers and their focus is on the secondary and tertiary victims who need support, psychoeducation, and perhaps some human services, but are not prime candidates for immediate treatment. Some examples of what a paraprofessional can do include:

- Provide information and education on reactions to disasters, what survivors can expect to feel, what survivors can anticipate, and how survivors can set priorities and make plans to meet their immediate needs
- Conduct outreach in the community to determine the extent of the disaster and whether there are people or groups in the community that need assistance
- Practice supportive, or active, listening with survivors and their families
- Validate survivors' reactions and resilience stories, and affirm that their feelings are normal
- Connect survivors with their families
- Provide referrals to other social services, as appropriate
- Refer disaster survivors to other resources within the project and within the community

Paraprofessionals are very critical in terms of community response to disaster because what we need to give to folks in the weeks after a disaster is a sense of comfort. We need to provide them information with how they can cope. The information isn't only about coping but about understanding their own fears and doubts and "symptoms" that they might be having—hyper-vigilance, intrusive thoughts, sleep problems, etc. All those things are normal, and it doesn't take a psychotherapist with a masters or doctorate degree to help people understand that. It takes people that are interested in others—warm, caring kinds of individuals who are comfortable approaching and talking to folks that they don't presently know.

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Because paraprofessionals are not trained clinicians, they cannot diagnose mental illness or provide medical services, psychological therapy, or clinical advice of any kind. Due to the range of reactions to a terrorist attack, it is critical that the paraprofessional refer the victim to a clinician for further evaluation or treatment when appropriate.

Paraprofessional and professional disaster mental health workers provide services out in the community and often become aware of needs that are beyond the range of services they offer. The disaster mental health worker should not:

- Provide case management services
- Advocate on behalf of the survivor

- Engage in fundraising for disaster survivors
- Provide childcare, transportation, or other personal services for survivors

Overview of Reactions to Terrorism

A terrorist attack affects individuals and communities in many ways. Obviously, those who lose loved ones during the attack are affected the most directly and severely. But it is important to realize how deep and wide the impact of a terrorist attack can be on a community and its members. Terrorist activities can affect the whole community in countless ways for months or years after the event. Although some may be affected only in the immediate aftermath of the event, others will experience reactions for a long time, particularly if they were directly involved in the event, lost loved ones, or did not express their feelings or reactions to the event. The impact can be physical, behavioral, emotional, and/or cognitive. See Module 3 for information on common reactions, as well as more problematic reactions that may require referral for extensive intervention and counseling.

Overview of Range of Interventions/Services

Immediately following a terrorist event, the primary objective of mental health interventions are to facilitate emotional stabilization. Many survivors feel highly vulnerable and fearful, so interventions must emphasize protection and safety, as well as promote a sense of security.

After the survivor has achieved some degree of emotional stabilization and has the ability to verbalize and process limited information, interventions should aim to alleviate distress and help with problem-solving and recovery.

The following sections briefly describe interventions and services commonly used during the immediate aftermath of a terrorist event. Some interventions are conducted exclusively by mental health professionals and they are described to provide the paraprofessional with a comprehensive sense of the range of interventions. In some cases, it is possible that a paraprofessional may observe some of these interventions or possibly even assist a mental health professional in some way.

More information on the role of professional mental health workers can be found in Module 3.

Mental Health Professional Services and Interventions

The following sections describe services and interventions that are conducted by mental health professionals. These include psychological first aid, crisis intervention, informational briefings, psychological debriefing, brief counseling interventions, support and therapy groups, mental health consultation, and support role during death notification.

Psychological First Aid

Rapid assessment is conducted at the scene by mental health professionals to identify survivors who are most psychologically distressed and in need of medical attention. Initially, triage decisions are based on observable behaviors, such as shaking, screaming, or complete

disorientation, but additional attention may be paid to older adults and others who may be vulnerable because of health conditions and physical or cognitive limitations. Emergency intervention involves three basic concepts: protect, direct, and connect.

- Survivors need to be **protected** from viewing traumatic stimuli from the event. In addition, they need to be protected from curious onlookers and the media.
- When disoriented or in shock, survivors need to be **directed** away from trauma scene and danger, and into a safe and protected environment. A brief human connection with a disaster mental health worker can help to orient and calm them.
- Disaster mental health workers assist survivors by **connecting** them with loved ones, as well as with needed information and resources.

Psychological support involves comforting the survivor, addressing immediate physical necessities, listening to and validating feelings and stories, and other immediate needs.

Crisis Intervention

While crisis intervention is somewhat similar to psychological first aid, it goes beyond the first stages of the disaster to:

- Assist survivors to regain some sense of control and mastery over their immediate situations
- Reestablish rational problem-solving abilities

An underlying assumption is that the survivor's distress and coping difficulties are due to the suddenness, horror, and catastrophic nature of the event. Crisis intervention typically involves five components:

- Promoting safety and security (e.g., finding the survivor a comfortable place to sit, giving the survivor something to drink)
- Exploring the person's experience with the disaster (e.g., offering to talk about what happened, providing reassurance if the person is too traumatized to talk)
- Identifying current priority needs, problems, and possible solutions
- Assessing functioning and coping skills (e.g., asking how he or she is doing, making referrals if needed)
- Providing reassurance, normalization, psychoeducation, and practical assistance

Informational Briefings

Survivors will seek information about the location and well-being of their loved ones, levels of threat and danger, procedural information, criminal investigation updates, etc. Disaster mental

health workers do not provide informational briefings, but they may consult officials about the need to do so and offer to be present during briefings to provide support as needed. Generally, senior managers on the disaster mental health staff are designated to work with officials. They may offer suggestions to officials about:

- Appropriate language/terminology
- Level of detail for sensitive information
- Approaches for addressing intense emotional reactions
- Language to use in conveying messages of compassion and condolence

For more on communicating during a crisis, see Module 5.

Psychological Debriefing

Psychological debriefing is a group intervention that has been used with a wide range of groups, including emergency responders, survivors, and community groups. It involves a series of stages that move participants from a cognitive view of the event, to discussion and expression of emotions and reactions, and then back to more cognitively focused learning about coping and problem solving. Debriefings can be set up for specific groups according to need. For example, a debriefing was done in Northern Virginia with military chaplains who were at the Pentagon on 9/11.

Mental health professionals lead debriefings, but paraprofessionals also may participate in a debriefing as peer counselors under the direction of an experienced facilitator.

Components of psychological debriefing consist of:

- The facilitator introducing the process and ground rules
- The participants describing the stories of their involvement with the event
- The participants describing their thoughts, feelings, and reactions during and since the event
- The facilitator validating and normalizing reactions and providing psychoeducation
- The facilitator wrapping up the session by addressing issues, distributing brochures on stress and coping, and discussing when and how to seek professional help

Brief Counseling Interventions

The therapeutic goals of brief counseling interventions involve the following:

- Stabilizing emotions and regulating distress
- Confronting and working with the realities associated with the event

- Expressing emotions during and since the event, including anger, anxiety, and fear
- Understanding and managing post-trauma symptoms and grief reactions
- Developing a sense of meaning regarding the trauma
- Coming to accept that the event and resulting losses are part of one's life story

Support and Therapy Groups

Support and therapy groups are provided by mental health professionals. Group treatment is especially appropriate for survivors of terrorist events because of the opportunity for social support through the validation and normalization of thoughts, emotions, and post-trauma symptoms. Telling one's "trauma story" in the supportive presence of others can be powerfully helpful. In addition, group reinforcement for using stress management and problem-solving techniques may promote courage and creativity. Sharing information about service and financial resources, as well as other types of assistance, is another important function of support groups.

Groups may be offered for parents, children, members of a particular neighborhood or particularly affected occupational group, such as the airline industry post-9/11, and for survivors who suffered a particular trauma or loss (e.g., bereaved parents).

Grief counseling is an important component of group services. The Community Resilience Project found some victims were not ready to participate in grief groups until months or even a year after the death of their loved one. Family members were instrumental in encouraging others to participate in grief groups.

It is recommended that groups be facilitated by an experienced mental health professional, ideally with a co-facilitator, and be time-limited with expectations defined at the outset.

Mental Health Consultation

Mental health professionals may be brought into decision-making and planning teams to advise leaders regarding mental health issues, such as mental health support and leave time for rescue and recovery workers, as well as rituals and memorials to honor the dead.

Support Role During Death Notification

Mental health professionals typically do not deliver information regarding deaths but may participate on teams who accompany the person responsible for this notification. Mental health professionals provide support to the family receiving the news and, at times, to those conducting the notifications. They can also provide information to those responsible for the notification on specific cultural or ethnic customs regarding the expression of grief and rituals surrounding death and burial.

Paraprofessional Services and Interventions

This section describes services and interventions that can be conducted by mental health paraprofessionals. These include community outreach and psychoeducation.

Community Outreach

Community outreach is an essential component of a comprehensive mental health response to acts of mass violence and terrorism, and is the major role of a paraprofessional. Disaster mental health workers need to consider the nature of the event and its impact, and develop a flexible plan for community outreach.

Community outreach involves:

- Initiating supportive and helpful contact at sites where survivors and family members are gathered
- Reaching out to survivors and family members through the media and the Internet, and maintaining 24-hour telephone hotlines that are staffed with people who speak the languages spoken in the communities being served (providing services via hotlines usually requires additional training)
- Participating in or conducting meetings for preexisting groups through churches, schools, employers, community centers, and other organizations
- Providing psychoeducational, resource, and referral information to health care and human service providers, police and fire personnel, and other local community workers
- Planning activities that improve communication and understanding within communities and between cultural groups—such as cross-cultural dialogues, life skills workshops, and multicultural outreach teams

*Paraprofessionals provide a real important entrée into the communities. Many times paraprofessionals that come to work on these projects are folks who speak the language, are familiar with the culture, and actually come out of the communities in which we want to work. They also provide key contacts in terms of relationships. The most effective work we do is not **to** communities but **through** communities, which means we have to have relationships with the key stakeholders and the opinion leaders, the spiritual leaders, the civic foundation leaders... Paraprofessionals bring us those relationships.*

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Community outreach requires:

- Ability to initiate conversations with those who have not requested services
- Good interpersonal skills
- Ability to quickly establish rapport, trust, and credibility
- Thinking on your feet

- A sense of diplomacy
- Knowledge and respect of values and practices of cultural groups impacted by the event

The outreach worker needs to coordinate with many other organizations and groups. Some examples of community groups that may be targeted by outreach efforts are:

- AA/NA meetings
- Childcare providers
- City Board meetings
- Community social and recreational events
- Elderly programs and residences
- Employment centers
- Employment fairs
- Ethnic markets and restaurants
- Food stamp office
- Grocery stores
- Health clinic
- Individual civic associations
- Interfaith groups
- Libraries
- Local mental health agency meetings
- Malls
- Meals on Wheels and Food and Friends
- Mental health group homes and residential communities
- Public housing
- Recovery homes
- Recreation centers
- Religious organizations

- Residential high-rises
- Schools
- Senior centers

The outreach worker needs to recognize that outreach takes different forms based on the target population and based on the context of time and setting. Creative activities are needed to reach the community. Examples of creative outreach initiatives enacted early in the response by the Community Resilience Project include:

Some of the salesmen turned out to be some of the best outreach workers because they were very comfortable with approaching people that they might not know and having a chat with them.

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- Holding group sessions on coping with terrorism and stress management, offered in every possible community location
- Conducting workshops in the schools on anger management, diversity education and cross-cultural community building (e.g., elementary age students create a town called Xenophilia), listening skills, making friends, and emergency preparedness
- Holding weekly lunch time stress busters at middle and high schools
- Conducting stress management workshops for police department (facilitated by a critical incident stress debriefing-trained crisis counselor)
- Conducting outreach to hospital personnel
- Conducting cultural awareness programs
- Locating day-labor pick-up areas to provide outreach to underemployed and undocumented persons
- Establishing a weekly presence at a county employment center with outreach workers providing crisis counseling services to individuals while they use the resource room; one-time interactions and more ongoing relationships occur
- Partnering with the Virginia Employment Center: a relationship with this agency began while the Project and the VEC were both at National Airport. Services include crisis counseling and workshops on stress related to job loss post-9/11
- Attending the 9/11 Book Club at Barnes and Noble with books and discussions on topics of politics, peace, etc.
- Collaborating with the Virginia Cooperative Extension's program to design horticultural therapy events (for example, visits to healing gardens and tree planting)

- Conducting a Circle of Stories, a semi-structured group for individuals to tell stories of resilience; this can work well with senior adults, for whom reminiscence is enjoyable
- Conducting outreach to ESL classes and providing these students an opportunity to practice English and talk about their immigration experiences
- Collaborating with an in-home nursing care agency to provide one-on-one home visits to homebound seniors and their agency caregiver
- Stationing staff at WIC and immunization clinics to reach low-income young children and their parents
- Partnering with the 9/11 Black America Fund cash distribution (staff heard about this event on the radio and sought out the national organizers; cash vouchers were given out by the Fund, and Community Resilience Project staff were there to assist, distribute project information, and provide crisis counseling)
- Identifying and piggy-backing or participating in community events (fairs, festivals, Senior Law Day, multi-cultural events); piggy-backing on events, meetings, and pre-existing groups was beneficial in terms of attendance, ability for follow up, and, often, some degree of pre-existing group cohesiveness; the project also discovered that in some communities, creating a “conference-like venue” (having an expert speaker on some 9/11 related topic) seemed to alleviate some of the stigmas and fears related to mental health
- Co-locating at a health clinic and public housing office
- Having an ongoing presence (walking the streets) in Latino neighborhoods
- Reaching out to Muslim communities by bringing information to informal gatherings or at formal community events that are organized around other issues; participation in holidays
- Using ride-alongs with police and firefighters to build trust and to discuss 9/11 (intensive crisis counselors, CISM trained)
- Switching to a wellness approach in the winter months in response to community need
- Hiring dynamic, well-connected, and respected indigenous outreach workers
- Participating in a resilience expo involving multiple ethnic communities
- Using drama and music
- Ongoing stress busters—library and schools
- Visiting high school classrooms and collaborating with groups who serve teens
- Developing and distributing various brochures that target specific groups

Outreach activities must be responsive to the changing needs of the community. The outreach workers need to be ready to respond to community fears and new terrorist threats. Unlike a natural disaster, terrorism is an ongoing event. Heightened fears and hypervigilance are prevalent throughout the community. Additional terrorist-related incidents and alerts perpetuate fear and increase stress. For example, the sniper incidents in 2002 in Northern Virginia caused tremendous fear throughout the state. Community outreach was a key service during this period because the public was eager for support and information on how to cope. A new section of the Community Resilience Project Web site was developed called “Coping with the Sniper Attacks,” and during the month of the attacks, there were more than 24,000 hits to the Web site. Outreach teams distributed the “Coping with Sniper Attacks” brochure at gas stations, strip malls, and other locations. Community members who received the brochure were thankful, and many shared their feelings and reactions with project staff.

Psychoeducation

Psychoeducation for survivors, their families, health care providers, and providers of community services is a core component of mental health response. Information that is typically provided covers these topics:

- Typical reactions, including “normal reactions to abnormal situations”
- Grief and bereavement
- Stress management
- Effective coping strategies
- When to seek professional help

Psychoeducation may be used informally in conversation, incorporated into group presentations and as written material for widespread distribution. There is a wealth of materials available through the Center for Mental Health Services and past crisis counseling projects. Materials should be oriented specifically to the actual event and locale, and adapted for each group or population so that it is appropriate for that group. Educational presentations for parents and teachers to help them recognize children’s reactions and help them cope may be offered through schools, religious organizations, and other community events. When developing written materials, consider literacy levels and the need for multiple languages.

The Community Resilience Project distributed brochures (copies are available on <http://www.dmhmrzas.state.va.us/organ/co/offices/commissioner/terrorismcb.htm> and <http://www.samhsa.gov>.) on the following psychoeducation topics:

- After a disaster self-care tips for dealing with stress
- Anger management
- Anger management in the workplace

- Checklist for potential reactions and coping strategies
- Checklist for recognizing potential reactions in children and strategies to help them cope
- Children and the fear of war and terrorism—tips for parents and teachers
- Coping in unsettling times—tips for students
- Coping with the holidays and other special days
- Coping with past and potential tragedies
- Coping with terror alerts
- Disaster counseling
- Helping children cope
- Helping children cope in unsettling times—tips for parents and teachers
- Helping children cope with crisis: care for caregivers
- How to deal with grief
- Mental health aspects of terrorism
- Psychological preparedness for stressful events
- Relaxation tips
- Self care tips for dealing with stress
- Sleep tips
- Stress in the workplace
- Stress management for senior citizens
- Stress management for parents and caregivers
- Stress management for teenagers
- Stress management tips

Communicating Effectively With Survivors

Disaster mental health workers' most important tool is communication, both verbal and nonverbal. There are several major goals for the communication that paraprofessionals have with survivors.

- **Gather information**—Ask questions to understand the basic facts of a person's current situation.
- **Help clarify meaning**—Ask open-ended questions to clarify the meaning of a person's statement.
- **Provide comfort**—Listen to survivors' stories to help them work through what has happened.
- **Assist in problem solving**—Help survivors develop solutions to the practical problems they encounter as a result of the terrorist event.

This section describes several communication techniques. It is important that paraprofessionals practice these communication techniques before working with survivors so that they come naturally. One way of practicing active listening and other communication techniques is through role-playing. The role of the paraprofessional is to provide support and assist in problem-solving—not provide psychotherapy. Using common language (not psychological jargon or bureaucratic terms) also will be very helpful in communicating with survivors.

Active Listening

The art of listening has three parts:

- Listening to and understanding nonverbal behavior
- Listening to and understanding verbal messages
- Listening to and understanding the person

Tips for employing good, active listening skills are below.

- **Paraphrase**—Rephrasing portions of what the survivor has said conveys understanding, interest, and empathy. Paraphrasing also checks for accuracy, clarifies misunderstandings, and lets the survivor know that he or she is being heard. Good lead-ins are: "So you are saying that . . ." or "I have heard you say that . . ."
- **Reflect feelings**—The paraprofessional may notice that the survivor's tone of voice or nonverbal gestures suggests anger, sadness, or fear. Possible responses are, "You sound angry, scared, etc.; does that fit for you?" This helps the survivor identify and articulate his or her emotions.

- **Allow expression of emotions**—Expressing intense emotions through tears or angry venting is an important part of healing; it often helps the survivor work through feelings so that he or she can better engage in constructive problem-solving. The paraprofessional helps by remaining relaxed and letting the survivor know that it is okay to feel that way.
- **Use nonverbal cues**—The paraprofessional can use facial expressions (e.g., smiling at appropriate times), eye contact, open body language, and head nodding to show survivors that he or she is listening and hears what they are saying.
- **Allow for silence, if appropriate**—Silence gives the survivor time to reflect and become aware of feelings and can prompt the survivor to elaborate. Some survivors will not feel like talking much. Simply “being with” the survivor can be supportive.

Some Do's And Do Not's

Do say:

- These are normal reactions to a disaster.
- It is understandable that you feel this way.
- You are not going crazy.
- It was not your fault; you did the best you could.
- Things may never be the same, but they will get better and you will feel better.

Do not say:

- It could have been worse.
- You can always get another pet/car/house.
- It is best if you just stay busy.
- I know just how you feel.
- You need to get on with your life.

The human desire to try to fix the survivor's painful situation or make the survivor feel better often underlies the preceding “Do not say” list. However, as a result of receiving comments such as these, the survivor may feel discounted, not understood, or more alone. It is best when workers validate the survivor's experiences, feelings, and perspectives. One way to help validate is to use the following leads to reflect what the survivor is expressing:

Empathetic Response Leads

- So you feel . . .
- I hear you saying . . .
- I sense that you are feeling . . .
- You appear . . .
- It seems to you . . .
- You place a high value on . . .

Helpful Phrases

- I am listening
- Tell me more about that
- Sounds like talking about that is hard for you
- Sometimes talking about it helps
- Sounds like you are angry about that
- You sound lonely, sad, frustrated . . .

Exploring the Problem

One way that the paraprofessional can be very helpful to the survivor of terrorism is by helping the person find solutions to practical problems. It is important to help the survivor recognize his or her own strengths so that he or she can successfully recover from the event.

Below are examples of open-ended questions that help explore problem-solving strategies.

- What ideas have you already considered?
- Can you tell me what you have already done about that situation?
- How did you handle similar situations in the past?
- What part of the problem is something you have control over?

Workers may consider the three factors below when providing practical information or referrals to survivors as they explore their problems.

- *Relevance*—Information must make sense to the person receiving it.
- *Relationship*—The message must be related to the person's need for information.
- *Responsibility*—The person is responsible to use or not use the information.

Guiding Principles for Cultural Competence

It is always important for paraprofessionals to be sensitive to the needs, experiences, practices, and communication styles of different groups and populations. But during terrorist events, the need for cultural competence is particularly heightened, as the impact of the event spreads throughout the community, affecting groups of people in unique ways.

Although race/ethnicity and age are two of the most common factors that people think about when considering cultural competence and the needs of special populations, there are additional considerations in the wake of a terrorist attack, including:⁴³

- Refugee and immigrant status
- Gender
- Religion
- Physical disability status
- Mental health
- Income levels
- Profession/employment status
- Languages and dialects
- Education and literacy levels

Some overall concepts to consider about cultural competence are listed below.

- Understand that respect for the survivor and his or her experiences is critical in getting survivors to talk.
- Learn as much as possible about the demographics and psychographics of different groups.

⁴³ Athey, J. (2003). Developing cultural competence in disaster mental health programs: Guiding principles and recommendations. (DHHS Publication No. SMA 3828). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

- Use a peaceful and soothing communication style.
- Watch for signs of confusion during discussions. Consider changing communication style to ease the survivor's anxiety.
- Use messages to communicate the value of the survivor's experiences and needs.
- Respect a survivor's unwillingness to talk about a particular subject.

When a terrorist event involves a particular community in some way (e.g., Muslims in relation to 9/11), certain special populations may experience backlash. This kind of backlash may retraumatize those populations and may make it difficult to communicate with them or make them feel uncomfortable about seeking help with respect to their emotions and other needs.

For more information on cultural competence and populations with unique needs, see Module 4.

Setting Boundaries

A paraprofessional's primary role is to provide emotional support and practical help. But during a terrorist event, the guidelines of what "help" encompasses can easily become blurred. It is very important that paraprofessionals assess their own personal and professional boundaries and come up with a concrete definition of how to assist survivors. Below are some things for paraprofessionals to consider.

Personal Boundaries

- Realize that some individuals have spatial concerns and are uncomfortable being touched by strangers. An individual could react negatively if a paraprofessional tries to pat his or her arm in sympathy or sit too close. Ask if it is okay to touch the individual or to sit or stand close to him or her.
- Maintain boundaries. Outreach is providing emotional support, information, and referrals. It is *not* playing chauffeur, housekeeper, or personal shopper. The paraprofessional needs to be careful to maintain boundaries with a survivor. Signs of crossed or blurred boundaries might include:
 - Inviting them to dinner
 - Socializing with them
 - Sending their children birthday cards
 - Speaking on the phone with them numerous times each day
 - Accepting gifts

- Recognize personal emotional triggers. Paraprofessionals should monitor these “hot points” and know how to manage them.

Professional Boundaries

- Be clear about the role of a paraprofessional and the importance of linking survivors to community resources and providing support.
- Be aware of confidentiality issues and follow team guidelines.
- Talk with survivors about their feelings without analyzing their reactions. Know how to identify more problematic reactions and when to refer for a more comprehensive assessment.

Self-Care

Self-care is critical. Before paraprofessionals can take care of others, they need to care for themselves by focusing on personal unique strengths in listening to survivors, giving survivors information about resources, and connecting survivors with needed assistance. Paraprofessionals need to understand that they:

- Will encounter situations over which they will have no control and problems they will not be able to solve
- Can still strive to provide the best possible services within the limitations of the situation at hand
- Can accept that as a job well done

The following are ways to maintain emotional and physical health:

- Limiting the amount of time spent watching television coverage of the terrorist event
- Staying physically healthy—exercising, eating right, and getting rest
- Sticking to routines as much as possible

Stress at the event site can be relieved by:

- Taking breaks or going for walks
- Rotating shifts with coworkers
- Talking with a supervisor or other team members about the challenges of disaster counseling

The importance of regular communication with one’s clinical supervisor can not be over-emphasized. A supervisor’s guidance can provide clear direction about establishing and maintaining boundaries, as well as stress reduction and other issues related to self-care.

Module 6 offers more extensive information on self-care, including a *Self-Monitoring Checklist* and a list of suggestions for how reduce stress and restore energy.

Continual Training

It is important to participate in ongoing training. Staying current about available resources and how to access them will help accomplish the job of connecting survivors to the assistance they need. With ongoing training in reactions to terrorism and response skills, paraprofessionals will be better prepared to assess situations and refer victims, when appropriate. Role-play exercises, in particular, let paraprofessionals practice different types of listening and how to give out information. See next page for a sample role-play exercise.

Some mental health background would be helpful, but I think it's more...how to engage people, how to talk to people—any training around that would be very, very important. I think they also need to know how they really need to be available and how it is an important job that they're really doing as well. Sometimes I think it's hard for them to realize we really do make an impact on people.

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Table 8. Communication Techniques for Paraprofessionals' Role-Play Exercise

<p>Scene of the Disaster:</p> <p>A sniper has shot a woman at a shopping center. FBI and other law enforcement officials close off the shopping center for 24 hours to conduct their investigation. The shopping center has just reopened and employees are returning to work for the first time since the incident.</p> <p>The Action:</p> <p>The paraprofessional approaches the manager and several employees of one of the stores within the shopping center. The manager and employees are visibly upset.</p> <p>Enlist the help of an associate, preferably an experienced mental health professional, to enact the scene. Assume the role of the mental health paraprofessional who has just arrived on scene to provide outreach to the shopping center employees. Practice structured support conversation about the terrorism experience and provide education about disaster stress.</p> <p>Techniques for Handling the Situation:</p> <p>Active Listening</p> <p>It is best when workers validate victim's experiences, feelings, and perspectives. One way to help validate is to use the following leads to reflect what the victim is expressing:</p> <p><i>Empathetic Response Leads</i></p> <ul style="list-style-type: none"> • So you feel... • I hear you saying... • I sense that you are feeling... • You appear... • It seems to you... • You place a high value on... <p><i>Helpful Phrases</i></p> <ul style="list-style-type: none"> • I'm listening • Tell me more about that • Sounds like talking about that is hard for you • Sometimes talking about it helps • Sounds like you are angry about that • You sound lonely, sad, frustrated...
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Summary

This module provides paraprofessionals with an introduction on how to work with survivors of an act of terrorism. A number of tools are provided to help paraprofessionals understand typical reactions to a terrorist attack and how to communicate with survivors from all cultures to help them solve the practical problems that they will encounter on the road to recovery. In addition, because working with survivors can be very demanding, this module outlines several ways—setting boundaries, self-care, training—that paraprofessionals can use to help themselves prepare for disaster work and stay psychologically and physically health during and after the event so that they can do their jobs effectively.